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Title

First Named Inventor

POWER OF ATTORNEY

OR

REVOCATION OF POWER OF ATTORNEY

*Total of

forms are submitted

Touch Screen Apparatus & Meth WITH A NEW POWER OF ATTORNEY Art Unit 2620 AND Examiner Name CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number SBL04002 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer 22917 Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Number Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. The address associated with Customer Number: OR Firm or Individual Name Address State Zip Country Telephone Email I am the: Applicant/Inventor OR. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3,73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature 4/7/09 Date Name 631-738-5570 Glenn Frankenberger Telephone Lead Patent Ops Counsel Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

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